



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Division of Water Supply - Bureau of Water Systems and Well Permitting
 401 East State Street – P.O. Box 426, Trenton, New Jersey 08625-0426

**Application Form for Cancellation of Physical Connection Permit or
Elimination of Valves from Permit**

1/ Applicant Details

Applicant/Owner/Company Name _____
 Permanent Legal Address _____
 City/Town _____ State _____ Zip Code _____ - _____
 Telephone () _____ Fax Number () _____ e-mail _____
 Contact Person Name _____ Title _____

2/ Details of Facility

Name of Facility _____
 Address of Facility (Street/Road) _____
 Municipality _____ County _____
 Zip Code _____ - _____ Block _____ Lot _____

Number, Type and Size of Backflow Preventer Valves currently permitted:

<u>Subject Item No.</u>	<u>No.</u>	<u>Size</u>	<u>Manuf.</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Type</u>	<u>Comments</u>	<u>Eliminate</u>

Bypass and Detector Information:

<u>Subject Item No.</u>	<u>No.</u>	<u>Size</u>	<u>Manuf.</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Type</u>	<u>Eliminate</u>

3/ Elimination of one of more valves covered by this permit

If you have one or more valves that you require to be removed from the permit but need to maintain permit please indicate above which valves have been eliminated and **please obtain approval of the water company.**

Name of Public Community Water System _____

Public Water System ID number (PWSID) _____

The Public Community Water Supplier hereby concurs with the removal of the above valves from this permit ☐

Reviewed by:

Authorized representative: _____ Title _____

Signature _____ Date ____/____/____ Phone _____

4/ Reason for Cancellation of permit. (please indicate the reason)☐ **Transfer of Ownership,**

Please complete new owner details below.

New Owner/Company Name _____

Permanent Legal Address _____

City/Town _____ State _____ Zip Code _____ - _____

Telephone () _____ Fax Number () _____ e-mail _____

Contact Person Name _____ Title _____

☐ **Unapproved Water Source Eliminated,**

Please obtain approval and signature of Water Company.

If the unapproved water source was a well please attach a copy of the completed well abandonment form or provide the well permit number _____ .☐ **Other Reasons**

Please detail and obtain approval and signature of Water Company

5/ Water System approval for cancellation of permit

Name of Public Community Water System _____

Public Water System ID number (PWSID) _____

The Public Community Water Supplier hereby concurs with cancellation of this permit ☐

Reviewed by:

Authorized representative: _____ Title _____

Signature _____ Date ____/____/____ Phone _____

6/ Applicant's Signature

Signature _____ Date ____/____/____